

# CITY OF DE PERE ANNUAL DOG LICENSE APPLICATION

Owner's Name:	
Address:	Phone:

Dog's Name:	Breed:	Color:	Sex:
Dog's Name:	Breed:	Color:	Sex:

**\* Copy of Rabies Vaccination Certificate(s) Must Accompany This Application\***

New License     

Renewal License     

# of Dogs	Type	Fee
_____	Neutered/Spayed @ \$7.00 each	\$ _____
_____	Unneutered/Unspayed @ \$13.00 each	\$ _____
_____	Puppy @ \$7 each (at least 5 months of age but not old enough to be fixed)	\$ _____
_____	Late Fee(s) @ \$5.00 each	\$ _____
	Postage	\$ 1.00
TOTAL Number of Dogs _____		TOTAL Due: \$ _____ (including any postage and late fees)

Licenses must be purchased or renewed between January 1 and March 31 of each year. If renewed after March 31, there is an additional late fee of \$5.00 per dog. NOTE: This does not apply if you are either new to the City or if this is a new dog for you.

Receipt and license tag(s) will be mailed to the address you list above. If you have any questions, please contact our office at (920) 339-4050.

Please mail your completed application, copy of rabies certificate(s) and appropriate license fees to:

City of De Pere, Clerk's Office, 335 S. Broadway, De Pere, WI 54115

OFFICE USE ONLY:

Dog Tag # 1: \_\_\_\_\_  
Receipt #: \_\_\_\_\_

Dog Tag # 2: \_\_\_\_\_  
Payment Date: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_